



Form R060: Electrical worker's permit for ground geophysical survey equipment

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Checklist		
Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.		
A non-refundable application fee		
Permit Fee for one year OR Perm	nit Fee for three years	
Personal and contact details completed		
Identification in accordance with the Proof of ID requirements		
Fit and Proper assessment – Police check attached		
A copy of the Electrical Safe Work Procedures for installations and protection of the electrical equipment (generator, transmission equipment, cables and pit-electrodes)		
A copy of the professional electrical engineer's Electrical Safe Work Procedures certification(s)		
Employer Declaration completed		
Declaration completed		
Payment		
Visit our <u>Building and Energy Fee Schedule</u> page for current application and registration fees.	Enquiries Only Telephone: (08) 6251 2000 Email (Do Not Email Form) electricallicensing@demirs.wa.gov.au	
Submit and pay for your application:	Internet: www.demirs.wa.gov.au/building-and-energy	
Online If you are submitting this form online, you will be able to make payment using the department's payment gateway. https://onlineforms.dmirs.wa.gov.au/#/ form/63805836895bd805b4896d86		
By post (or in person) using your credit card If you are submitting this form by post (or in person) and are making payment by credit card, you must complete the Application Payment Form: https://www.wa.gov.au/media/73896/download?inline and		

attach it to your application.

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to submit a complete application may result in the cancellation of your application and loss of the application fee. **Applicant Details** ☐ Mrs ☐ Ms ☐ Other, please specify: Salutation: ☐ Mr Family name: First name: Other name(s): Date of birth: Residential address Note: Cannot be a PO Box. Street address: Suburb: Postcode: State: Postal address **Note:** A postal address is required for correspondence from the Department. As above Street address or PO Box: Suburb: State: Postcode: **Contact details** Phone (mobile):* Email:* Phone (home): Phone (work): *Required to receive notifications by SMS and email and other important information relevant to your registration. **Proof of Identification** Please attach identification in accordance with the Proof of ID requirements, available here: Attached https://www.wa.gov.au/media/50915/download?inline. Fit and proper assessment Australian police check: You must provide an Australian police check from the approved list of providers, available here: https://www.wa.gov.au/organisation/service-delivery/police-checks-licensing. The date of issue of the police check must be within three (3) months of the date you submit this application.

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure

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Elec	etrical Safe Work Procedures	
	 Please attach a copy of the Electrical Safe Work Procedures for installations and protection of the electrical equipment (generator, transmission equipment, cables and pit-electrodes) 	
	 Please attach a copy of the professional electrical engineer's Electrical Safe Work Procedures certification(s) 	
Emp	oloyer Declaration	
Empl	oyer MUST confirm that the applicant is deemed competent	
١,	confirm	
inde tran	been assessed and is deemed competent in respect of the company-held Electrical Safe Work Procedures certified by an ependent professional electrical engineer registered on the National Professional Engineer Register in relation to electrical smission equipment for ground geophysical surveys.	
Emp	oloyer Company Name	
Role	e of person signing declaration:	
Sign	nature: Date:	
Dec	laration by applicant	
fpan	ulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to: alsify any matter relating to an application; provide any document or other evidence in support of the application that is forged, false, fraudulent or wrongfully represented as pertaining to the applicant; nake a false statement in this declaration; or give a false testimonial to any person in connection with this application.	
Mine	igning this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of es, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to eive and disclose any information for the purpose of determining this application.	
Dec	laration	
l (FUL	L NAME OF APPLICANT)	
1.	authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and	
2.	sincerely declare that this application is true and correct.	
	Signature: Date:	